

REF IE BOARD		DATE	
PERSONAL INFORMATION			
CADET NAME		CAP GRADE	CAPS N
ADDRESS		HOME PHONE	CELL PHONE
CITY		STATE	ZIP CODE
EMERGENCY NOTIFICATION INFORMATION			
PERSON TO NOTIFY IN AN EMERGENCY		RELATIONSHIP	PHONE (____EE____DAYS)
ADDRESS			PHONE (____NIGHT & ____EE____END)
PERSONAL PHYSICIAN		PHONE	
PHYSICIAN'S ADDRESS		CITY	STATE & ZIP
MEDICAL DATA (ALLERGIES, DISEASES, CHRONIC ILLNESSES, MEDICATIONS, ETC.)			
<input type="checkbox"/> CHECK IF YOU HAVE NO KNOWN MEDICAL DATA TO REPORT.			BLOOD TYPE.
CIVIL AIR PATROL UNIT INFORMATION			
NIT CHARTER NO. MO- 9		NIT NAME CASS COUNTY COMPOSITE SQ ADRON	NIT LOCATION (CITY & STATE) HARRISON ILL, MO
NIT COMMANDER'S NAME Tony D. Berto		CAP RANK Major	PHONE (____EE____DAYS) 815-388-32
ADDRESS 2801 PEARL ST., HARRISON ILL, MO			PHONE (____NIGHT & ____EE____END) 815-333-235
As parent or guardian, hereby authorize my son/daughter to participate in the review board process. And as a condition of the fact that my son/daughter is maintaining a good academic standing and is not failing any subject. Moreover, he/she/you agree your son/daughter is capable of handling more responsibility.			
PARENT OR GUARDIAN SIGNATURE			DATE
PRINTED NAME OF PARENT OR GUARDIAN			
FLIGHT COMMANDER OR SERGEANT AUTHORIZATION: CERTIFY THAT CADET HAS COMPLETED THE REQUIRED FORMS AND TRAINING AND ACADEMY PERMISSORS ON PARTICIPATE IN REVIEW BOARD.			
FLIGHT COMMANDER OR FLIGHT SERGEANT SIGNATURE			DATE
PRINTED NAME OF FLIGHT COMMANDER OR FLIGHT SERGEANT			

IF YOU CANNOT MAKE IT FOR ANY REASON, PLEASE NOTIFY YOUR CHAIN OF COMMAND IMMEDIATELY!

TIME: 1ST-4TH TUESDAYS 5:30 PM-6:30PM

Nov 28